2.2. LIFESTYLE SCORING SHEET

Complete the lifestyle scoring sheet by circling the appropriate score.

| 1. Sleep On the average, do you sleep 7 - 8 hours per night | 5. Physical activity Do you engage in physical activity such as brisk walks, swimming, tennis, hiking, bicycling, or similar exercise: Regularly | 1 |
|---|---|-----------------------------|
| 9 hours or more | 1/2 Once a wile | 10 |
| 6 hours or less | Never Never | 0 |
| 2. Regularity of Breakfast | 6. Alcoholic beverage | |
| | consumption | |
| Do you eat breakfast: : | On the average, do you drink the equivalent of: | |
| Regularly | 1 No drinks per day | (3/4) |
| Sometimes | 1/2 1 - 2 drinks per day or less | 1 |
| Never | More than 2 drinks per day | 0 |
| 3. Eating between meals Do you eat between meals: Never Sometimes Regularly | 7. Smoking Never smoked Non-smoker, but smoked before Moderate smoker (cigar, pipe, or do not inhale cigarettes) Moderate smoker (inhales cigarettes) Chain smoker | 1 3/4 1/2 1/4 0 |
| 4. Weight in relationship to | | |
| Height | | |
| Compared with your normal weight for your height, is your | | |
| current weight within: | | |
| 10% | 1 | |
| 20% | 1/2 | |
| More than 20% | (0) | |
| | | |